

REQUEST TO THE ASSESSOR TO COMBINE PARCEL NUMBERS (FOR TAXING PURPOSE ONLY)

I/We, owner(s) of the properties described below, here-by request the combining of these properties' identification numbers for the purposes of **valuation and taxation only**. I/We fully understand that this document does not supersede or over-ride any legally recorded documents that created these properties, and that this document shall not be considered as a physical change to the properties' legal descriptions and boundaries as recorded within those documents. I/We also acknowledge that, depending on property characteristics of parcels involved, there **MAY** be a change in land values and taxes due for the resulting parcel(s). In addition, I/We acknowledge that securing zoning or a building permit on the properties may require the approval from the jurisdiction to legally record a deed to change the legal description and that combining the parcels numbers for taxation purposes may not affect that process.

OWNER (S)				DATE:	
ADDRESS: STATE				DAY TIME PHONE # ()	
		STATE:	ZIP:_		
PA	RCEL NUMBER (S):				
In	order for parcels to be cons	idered for combinat	ion, the parc	els need to meet the following criteria:	
A.	All parcels need to be adjoining and have contiguous boundary lines.				
В.	All parcels must be located within the same Tax Area Code (School District, City/County, Special Districts, if any). (the Tax Area Code can be found on line at http://www.maricopa.gov/Assessor/Default.aspx on through our Customer Service at 602 506-8724)				
C.	All parcels must be under the same ownership (no sales agreements or other parties on any single parcel).				
D.	Parcels cannot be part of a Horizontal Property Regime or Condominium. Parcel combinations are only applicable to lots, tracts of land or patented mines pursuant §42- 15058. The Assessor Office will not split or combine Condominiums or Units unless an amended declaration and plat is Recorded with Maricopa County Recorder Office pursuant §33-1222.				
thi aff	is form to the best of my/ou	r knowledge. I/we u g ordinances or build	understand t	statements above and have completed hat combining these parcels may the properties being combined.	
Signed by Deputy Assessor			Signed by Owner (s)		
Date			Date		
<u>As</u>	sessor Office Public Assistan	nce Fax # : 602 506-	·7620		